

**WILLIAM PATERSON UNIVERSITY
REQUEST FOR FOOD SERVICE**

TO: BUDGET OFFICE

FROM : _____ **TELEPHONE EXT:** _____

ACCOUNT NUMBER TO BE CHARGED: _____

School/Department to be charged: _____

Date of function: _____ Time: _____ AM _____ PM

Location: _____

Purpose of function: _____

Individuals Attending: _____

Number of people: _____ Staff only: _____ Non-Staff: _____ Both: _____

(Please check the status of attendees)

NOTE: Food Service is normally not provided to University Staff members. If staff members are to participate in the function, please attach a list of attendees to this form.

Please Breakfast: _____ Lunch: _____ Dinner: _____

Check: Coffee Service: _____ Reception: _____ Other: _____

Menu: _____

Cost per person: \$ _____ Additional charges: \$ _____

Total cost: \$ _____

APPROVALS: Dept.Chair/Director: _____

Food Service Manager: _____

Budget Office: _____

Approved: _____ Denied: _____

This form must be completed in consultation with the Food Service Manager, approved by the respective Chair or Director and submitted to the Budget Office for processing and approval. Please allow two weeks' notice. Food Service (ext.3210) must be notified at least 48 hours in advance of any cancellations or payment will be expected. The Budget Office (ext.2843) must also be notified of all cancellations.